"seized with a strange sort of sickness, for they were all drawn up like cripples, some in a sitting posture with their heads resting on their knees, but in no pain, unless you went to move them, or they tried to exercise themselves to regain the use of their limbs." At last, a ship unexpectedly came in sight, and the sailors made large fires as signals of distress. "The sick men," he says, "got half well *at the sight of a fine ship*, some even beginning to crawl about on all fours, and gathering up anything that would burn to keep the fires going."

Dr. Hughlings Jackson, in citing from Professor Laycock the observation that a person usually speechless may speak under violent emotions, gives several examples of loss of speech, associated with hemiplegia, in which this was observed. In one case, a woman, after recovering the use of her limbs could not talk. Although "this was clearly not due to any paralysis of the muscles concerned in articulation, for she was voluble enough in other ways," it may be referred to here as one of a series of cases of great interest. As Dr. Jackson remarks, "Here was voice, and also articulation, but not language, or, at least, it was a language *which could express emotion only*. Her emotions kept making a continual commentary on the few word-like syllables I have mentioned (committymy—pittymy). It was, indeed, a commentary with the text almost suppressed. Her voice ran up and down as she was vexed with what her husband said about her, or earnest in contradicting him, or enforcing what he said. Once she said, under the influence of excitement, "—bless my life." This is scarcely more than a highly compound interjection, and borders more on emotional than on intellectual expression. In another case, the only word, except "yes," which the patient could utter, was "an oath he once brought out when he was irritated." (London Hospital Clinical Lectures and Reports, vol. 1, 1864, p. 448.)

(*To be continued.*)

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*A Pathological Classification of Mental Disease.* By J. BATTY TUKE, M.D., Medical Superintendent of the Fife and Kinross District Lunatic Asylum.

*(Read at a Meeting of Members of the Medico-Psychological Association, held at Glasgow, April 27, 1870.)*

NOTHING which has been written of late years so fully demonstrates the fact that Insanity is not regarded by the profession at large as a somatic disease, as the book intituled

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"The Nomenclature of Diseases, drawn up by a Joint Committee appointed by the Royal College of Physicians of London." This work has been forwarded to every member of the medical profession in Great Britain and Ireland by the authority of the Registrar-General, and contains a list of some nine hundred diseases, a large assortment of poisons, and fifty-seven pages of accidents and malformations under which the British public is authorised to suffer or die. The mind of the Briton, however, is authorised to suffer from only six "Disorders of the Intellect;" the idea of disease as connected with madness is studiously ignored. On what principle the differentiation between a disease and a disorder is founded, or on what system of pathology the distinction is based, it is difficult to say; still, there the opinion stands expressed by very high authority, that Insanity is not a disease of the body, merely a disorder of the intellect.

This condition of things may be ascribed mainly to the fact that authors of works treating on so-called mental diseases have, with very few exceptions, based their classifications on physical symptoms, notwithstanding that they have acknowledged somatic causating influences. Etiology or pathology has rarely been brought to bear on the nomenclature and arrangement of the various diseases comprised under the general term Insanity; symptoms alone have formed the basis without consideration being given to those sciences which, in disease at large, form the ground-work of classification.

In Bucknill and Tukes' "Psychological Medicine" will be found a pretty complete history of the various nosologies which have been advanced from the time of Hippocrates down to 1852, with the exception of that propounded by Griesinger in 1845. Since the publication of their work, Skae, Maudsley, and Van der Kolk have severally suggested nosologies.

With the exception of Morel, Van der Kolk, and Skae, all have based their classifications on the leading mental symptoms. The simpler systems, such as that of Pinel, recognise only four divisions—Mania, Melancholia, Dementia, and Idiotism;—the more elaborate bear reference to abnormalities of emotion, volition, actuation, or imagination. Each and all of the psychical nosologists practically ignore in their classifications the connection between bodily disease and abnormal brain action.

A short review of one of these systems may serve to demonstrate the sources of fallacy in all.

The psychical nomenclature of Bucknill and Tuke is,

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perhaps, the most complete, and is certainly the most definite. It lays down as forms of insanity—

Idiocy, Imbecility, and Cretinism.

| | |
|---|---|
| Dementia | Primary. / Secondary. |
| Delusional Insanity | Of a melancholy character. / Of an exalted character. / Of a destructive character. |
| Emotional Insanity | Of a melancholy character. / Of an exalted character. / Of a destructive character. |
| Mania | Acute. / Chronic. |

Idiocy and Cretinism must stand as acknowledged pathological entities.

Exception is taken to the other divisions on the following grounds :—

1st. That the terms employed bear no reference to the bodily condition, history, age, diathesis, or idiosyncracy of the individual.

2nd. That two or more of these terms may apply to the same individual within a very short space of time.

3rd. That this terminology gives no guide or indication to individual treatment.

It does not require argument to establish the premises of the first objection;—it rather needs argument to prove that it *is* an objection. The strongest which can be adduced is that certain diseases exist, well marked and universally acknowledged, in which mental aberration is the leading symptom; I instance General Paresis, Puerperal Insanity, and Senile Insanity, each possessing a distinct etiology and pathology. These fully recognised conditions meet with no cognizance in this classification; they are merged in such indefinite generalizations as Dementia, Mania, or Delusional Insanity, terms which bear no reference whatever to the pathological entity, and which obscure the definite disease in an indefinite symptomatology.

The experience of every physician must confirm the second objection, that within a very limited period a case of Insanity

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may run through all the forms enumerated by Bucknill and Tuke. Take for instance a case of General Paresis—how frequently does this disease manifest itself at its outset by "Delusional Insanity of a melancholy character," on which supervene symptoms "of an exalted character," accompanied by symptoms "of a destructive character;" with these become complicated "Emotional Insanity," combining to produce a condition of "Mania," and as the disease runs its course the sufferer rapidly lapses into "Dementia." Thus, in one single case, not by any means a hypothetical one, but one of every-day occurrence, we have every so-called form of Insanity. Nor are these conditions confined to General Paresis, —how frequently do we meet with patients whose preliminary symptoms are a changed *morale*,—who next become Acute Maniacs, in a few days Melancholics, and subsequently Dements? In fact, such a succession of symptoms is only evidence that *the disease is running its natural course*, a course which almost invariably occurs whether the termination is recovery or otherwise. By what name, then, are we to call the disease? Is it to change with each mental phase, or is it to retain the one which marked its outset? Are we to adopt Falret's *interrogatio questionis*, and call it "*Folie circulaire?*" It matters not,—for all practical purposes of description and differentiation the name adopted is useless, nay worse than useless, fallacious. It may be safely stated that there is no case of Insanity on record which can be accurately defined by any one of these so-called forms.

Nothing strikes the reader of works on "Alienistic Medicine" more strongly than the extreme vagueness of their therapeutics. One treatise tells us that hypnotics are highly beneficial in certain cases of Melancholia; another, that the warm bath tends to calm in Mania; a third, that the wet sheet has been known to do good in certain abnormal mental conditions, and so on;—but rarely do we meet with a definite opinion as to the efficacy of any particular medicine or remedial agent in any particular case. This brings me to the third objection,—that the arbitrary nomenclatures now in general use convey no idea, offer no guide to the treatment of individual cases.

Were the general practitioner to depend on the very loose directions for the administration of drugs and the application of other means contained in our treatises, he would more frequently kill than cure his patient. When we consider that the great mass of graduates and licentiates receive their

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diplomas without ever having had an opportunity of studying Insanity, and how frequently in practice they meet with the various diseases comprised in that generic term, it must be admitted that they require something more definite to guide them in treatment than what is now within their reach. It cannot but conform with the experience of all asylum physicians that serious mistakes in general practice occasionally occur;—weak and anæmic patients in whom Mania is the leading symptom are not unfrequently brought to our asylums with shaved heads, blistered necks, and bowels racked with drastic purgatives, whose cases are complicated and rendered less hopeful by this preliminary treatment. And why? The practitioner, youthful or inexperienced in the treatment of nervous diseases, has referred to his books, and finds that such and such remedies are recommended in *Acute Mania*, and applies them. It is no fault of his, he has nothing to guide him to diagnosis but an arbitrary classification, and nothing to help him to treatment but a vague system of therapeutics based on a vaguer nosology. He accepts Acute Mania *as the disease*, without reference to its being sthenic or asthenic, anæmic or congestive. Were it not that the general practitioner becomes in time, and by dint of experience, a priest unto himself in this matter, and brings to bear upon the treatment of his lunatic patients common-sense pathology, errors would be much more common.

These objections apply equally to all psychical systems of nomenclature; certain exist in which one or two pathological classes are accepted, but the mere acceptance of these only tends to show the imperfection of the general system. It is a mixing of iron and clay.

It is the opprobrium of the special department of medicine which undertakes the care and cure of the insane, that the per centage of recoveries is but little more than what was obtained in the old times, under the old system of restraint, that with increased means at its disposal for treatment of the disease no very manifest advance has been made. Why should this be? Is there not a possibility that to some extent our views as to the nature of the malady have been obscured by a nosology which has not kept ever before us the corporeal, leading us unwittingly to ourselves to the treatment of mere symptoms, without due regard to the *origo mali?* True it is that the intimate connection between mind and matter is strenuously insisted on by our best authors; in the preliminary theoretical parts of their books they build up

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splendid physiological or pathological foundations, whereon to found classifications; but as soon as they come to the practical department, tradition seems to take hold of them, and to assert the ancient right of metaphysics to guide the physician to the differentiation of those diseases which but a few pages before had been demonstrated to be closely connected with morbid conditions of the body. It is not difficult to see why Insanity is so far behind-hand as to be regarded as a "Disorder of the Intellect;" it will remain so until Psychiatry, in the words of Griesinger, "is approached otherwise than through the dark portals of metaphysics."

My position is materially strengthened by the able report which has been drawn up and submitted to you by Dr. Clouston on the subject of Therapeutical Enquiry. The Committee, of which he is the thoughtful secretary, does not suggest that we should treat *mania* and *melancholy*, but certain distinct pathological entities, of which mania and melancholy are symptoms. Combined action on this practical basis must produce most important results, such as will remove from our specialty the stigma which not quite undeservedly hangs over it.

The most valuable expression of opinion enunciated by any recent author on insanity is that of Griesinger, contained in the exordium of his introductory lecture at the opening of the Clinique for Nervous and Mental Diseases, in the Royal Charité of Berlin, on the 1st May, 1866.

He then boldly stated—

"I now commence a course of clinical demonstrations and discussions, in which mental and nervous diseases are, for the first time, to be made the subject of instruction in union with each other. The position will also, on this occasion, be outwardly and practically realized, that diseases of the nervous system form one inseparable whole of which the so-called mental diseases only embrace a certain moderate proportion. This position is by no means one which has been accepted as a matter of course. It is a scientific acquisition only of the present day, the recognition of which will cause great changes, remove many errors, and must open up new developments in all directions.

"A comparatively small proportion of nervous diseases are found in asylums; and they are placed there only from outward considerations of treatment and protection, such as the necessity for separation from the ordinary conditions of life,

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isolation, occupation, &c. The phase of our specialism, in which these alone were recognised as coming within its province, has now been passed through, and I believe that the time will soon arrive when only those will be true specialists in psychiatry who survey the whole domain of nervous disease, and cultivate it as widely as possible.

"It has been supposed up to the present time that the study of mental disease was distinguished by some difficulty, *sui generis*, and that the study of ordinary medicine had no direct bearing upon it, that the only entrance to psychiatry lay through the dark portals of metaphysics. And yet the other cerebral and nervous diseases which, with the so-called mental diseases, form an inseparable whole, have not, so far as I am aware, been hitherto much elucidated by metaphysics; and, in Germany, the time has quite passed away when psychiatry could be developed from a specially philosophico-psychological point of view. Ætiology, diagnosis, prognosis, and therapeutics are the departments in which we must seek both our work, and that being successfully accomplished, also our fame. Therapeutics especially derive the greatest advantage from such individual study of all nervous diseases. Every acquisition in one branch of the subject exerts a beneficial influence upon the whole." *

The student of mental disease must deeply deplore that Griesinger was not spared to work out his system, for by this time the subject might have assumed a different aspect, and Insanity might have stood on a proper footing with other diseases.

Along with the above quotation may be collated the expression of Maudsley, that "it is impossible that true conceptions of mental disease can be acquired until men cease to regard its phenomena entirely from a psychological point of view, and consent to study them by aid of the established principles of physiology and pathology; the despair of any one writing upon mental diseases at present is, that he cannot convey just and adequate ideas of them by any care or labour of expression so long as men will judge them by the revelations of self-consciousness. Such practice is not one whit less absurd than it would be to form conclusions with regard to convulsions on the basis of the recognised power of the will over voluntary movements."

* Translated by Dr. John Sibbald. "Journal of Mental Science," January, 1867.



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Keeping before me these two really great authorities on Mental Disease, I propose shortly to consider the systems of classification which have been suggested, based on principles not entirely psychological.

Morel, in his "Traité des Maladies Mentales," propounded a nosology on mixed principles. This attempt at a compromise laid him so open to criticism that the system never took such hold on the professional mind as was its due.

The following is Morel's classification, as rendered by Bucknill and Tuke:—

*Group I.—Hereditary Insanity.*

1st Class.—Those who are of congenitally nervous temperament.

2nd Class.—Those whose insanity is indicated by insane acts rather than insane conversation. Includes Prichard's Moral Insanity.

3rd Class.—Constitutes the transition state between Class 2 and Idiots or Imbeciles. The members of this Class are marked by morbid impulses to incendiary acts, theft, &c.

4th Class.—Idiots and Imbeciles.

*Group II.—Toxic Insanity.*

1st Class.—Caused by intoxicating substances, such as alcohol, opium, &c.; also poisonous ingredients employed in trade—lead, mercury, &c.

2nd Class.—Caused by insufficient or diseased food, as Ergot of Rye.

3rd Class.—Caused by marsh miasma or the geological constitution of the soil, *e. g.*, cretinism.

*Group III.—Insanity produced by the Transformation of other Diseases.*

1st Class.—Hysterical Insanity.

2nd Class.—Epileptic ditto.

3rd Class.—Hypochondriacal ditto, consisting of three varieties.

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*Group IV.—Idiopathic Insanity.*

1st Class.—Progressive weakening of the intellectual faculties, resulting from chronic disease of the brain or its membranes.

2nd Class.—General Paralysis.

*Group V.*

*Sympathetic Insanity.*

*Group VI.*

*Dementia—a terminative stage.*

The objections to this system are that the 1st Group—Hereditary Insanity—ought, if tenable, to contain many more forms of mental disease than those whose symptoms are enumerated; but hereditary predisposition is so common to each and all forms of mental disease, that it can never be adopted as a point in etiology sufficiently definite on which to establish a class. The 3rd Group might well have been merged in the 4th and 5th, as Epileptic Insanity is either Idiopathic or Sympathetic, and Hysterical and Hypochondriacal Insanity are *purely* Sympathetic. Nevertheless, the proposition is highly suggestive.

Van der Kolk was content with two great classes—Idiopathic and Sympathetic Insanity—which he held were sufficient for all practical purposes of diagnosis and therapeutics. In this it is difficult to follow him, for if he holds (as he does) that Idiocy, Epileptic Insanity, and General Paralysis are comprised in the first, and Puerperal Insanity, Hysterical Insanity, Insanity resulting from intestinal irritation, and that dependent on diseases of the sexual apparatus, are included in the second, the guide to treatment is remote in the extreme.

To Skae, of Morningside, is due the honour of being the first to enter a strong and able protest against the old principles of classification, and to propound a nosology based on rational principles. He says, "My proposition is that we ought to classify all the varieties of insanity, to use a botanical term, in their natural orders or families; or, to use a phrase more familiar to the physician's ear, that we should group them in accordance with the *natural history* of each."

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Skae's natural orders are twenty-nine in number :—

Idiocy { Moral / Intellectual
Insanity with Epilepsy
Insanity of Masturbation
Insanity of Pubescence
Satyriasis
Nymphomania
Hysterical Insanity
Amenorrhœal Insanity
Post-Connubial Insanity
Puerperal Mania
Insanity of Pregnancy
Mania of Lactation
Climacteric Mania
Ovario Mania (Utero Mania)
Senile Mania
Phthisical Mania
Traumatic Mania
Syphilitic Mania
Delirium Tremens
Dipsomania
Mania of Alcoholism
Post-Febrile Mania
Mania of Oxaluria and Phosphaturia
General Paralysis with Insanity
Epidemic Mania
Idiopathic Mania { Sthenic / Asthenic

With the deepest respect for the opinions of my much esteemed master, I cannot help thinking that he would have established his argument more firmly had he adopted pathology as a basis. But the word pathology is studiously avoided in his paper, although it is not difficult to see that the science had a great, though unadmitted, influence in the elaboration of his scheme. In fact he claims for each of his natural orders all the attributes of a pathological entity —a special cause and morbid condition, a certain class of symptoms more or less peculiar, and an average duration and probable termination; notwithstanding, he prefers the special psychological character as the bond with which to encircle and hold together each group. Surely this is in some measure returning to the principles which he so much deprecates, an amplification of what he describes as "the present poor, uncertain, and conventional one."

Another objection to Skae's nosology is that it accepts as distinct natural orders certain *symptoms*, such as Satyriasis and Nymphomania, which are common to many forms of Insanity, and Dipsomania, which may occur in Climacteric Insanity, Insanity of Pregnancy, Insanity of Pubescence or Traumatic Insanity.

"Mania of Oxaluria" can hardly be regarded as a natural family, from the mere fact of the occurrence of the salt in certain cases, as its presence must be regarded as a consequence, not a cause, of such diseases as Climacteric or Idio-

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pathic Insanity—moreover, oxalates are generally found in cases where melancholy (not mania) is the leading mental symptom. "Epidemic Mania" might well have been considered under Hysterical Insanity.

Perhaps the greatest objection to the practical working of this nosology is the consignment of all doubtful and difficult cases to the Gehenna of Idiopathic Insanity, which forms in itself one of the most distinct and important forms of so-called mental disease.

I know not how far you will go with me in regarding these as objections to the system; in one thing I trust we will agree, that Skae is to be regarded as the Cullen of Psychiatric Medicine, a position of which no man can rob him. His nosology was the first to "keep ever before us the all-important principle that insanity is a disease of the body, whether it be of some remote organ sympathetically acting on the mind, or of the organ of the mind itself;" and in so doing raises our specialty to its proper level in the grade of medical science.

My firm conviction is that the only means of establishing a definite classification of so-called mental diseases is to adopt Pathology as the fundamental principle, *without any regard to mental symptoms;* that the causating pathological influence which induces the symptom ought to be accepted as the ground-work of nomenclature. Morbid cerebral pathology is still in such an infantile state as to render it impossible to found a nosology on the abnormalities of the brain tissue; even had it assumed more virile proportions, no system of classification could, in my opinion, ever be established upon it, so complex and undefinable are the functions of the organ implicated. Brain lesions are, as far as I know, more the result than the cause of perverted action, even as the atrophy of muscle is dependent on non-action or hypertrophy on over-action. After some years of close application to this subject along with Professor Rutherford (whom I do not implicate in this opinion), I am compelled to the result that we can never hope to indicate the seat of any special form of Insanity as situated in any particular portion of the encephalon.

It may be objected that there is no other disease the varieties of which are based on the causating influences. My answer is that Insanity is *not* a disease, it is only a symptom, holding a just relationship to such symptoms as convulsions, jaundice, or dropsy. These are acknowledged as symptoms varying in kind, and dependent on various and very different

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pathological causes. So with Insanity. It is a symptom of a disease either of the brain plasm primarily, or of a disease of the brain dependent on exoteric influences.

Acting upon this principle, the following nosology of insanity is suggested :—

| | SUB-CLASSES. |
|---|---|
| Class I.—Insanity resulting from arrested or impaired development of the brain. | Idiocy, congenital and acquired. |
| Class II.—Idiophrenic Insanity. | Sthenic and Asthenic Idiopathic Insanity.<br>Phrenitic Insanity (Inflammatory)<br>General Paresis.<br>Paralysis with Insanity.<br>Traumatic Insanity.<br>Senile Insanity<br>Epileptic Insanity. |
| Class III.—Sympathetic Insanity. | Epileptic Insanity.<br>Insanity of Masturbation.<br>Insanity of Pubescence.<br>Climacteric Insanity.<br>Ovarian and Uterine Insanity.<br>Insanity of Pregnancy.<br>Puerperal Insanity.<br>Post-connubial Insanity.<br>Hysterical Insanity.<br>Enteric Insanity. |
| Class IV.—Anœmic Insanity. | Limopsoitos (from starvation).<br>Post-febrile Insanity.<br>Insanity of Lactation. |
| Class V.—Diathetic Insanity. | Insanity of Tuberculosis.<br>Syphilitic Insanity. |
| Class VI.—Toxic Insanity. | Cretinism.<br>Delirium Tremens.<br>Insanity of Alcoholism.<br>Insanity from Opium-eating. |

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Class VII. — Metastatic Insanity. { Rheumatic Insanity. / Pellagrous Insanity. / Metastatic Insanity (from healing of long-established issues).

The first class has been universally acknowledged in all ages.

Class II.—*Idiophrenic Insanity*.—Under this term I would include all forms of disease in which the Brain or its Membranes are primarily affected. It may be said, with some apparent degree of truth, that in it are comprised certain of the best established and most universally acknowledged classes of Insanity, actual pathological entities, which deserve to be considered as separate and distinct self-contained classes, that it is in some degree lowering their nosological *status* to regard them as sub-classes, and that complication rather than simplification will result. To this I answer that the arrangement of them under one head, far from derogating from their position, tends to direct more particular attention to the facts on which their position has been established. They have a decided generic affinity, in that they are the result of primary pathological changes of the brain plasm, however unappreciable these changes may be in the present state of science. Whatever the predisposing or exciting cause may be, the brain is the first organ to suffer degeneration; whether it be sudden shock inducing paralysis or irritation of certain organs of the cerebrum, or long-continued anxiety, loss of sleep, or over-exertion of the brain, inducing a more rapid loss of tissue than the compensatory powers of the individual can immediately restore, whether General Paresis, Phrenitic Insanity, or *pure* asthenic or sthenic Idiopathic Insanity result, we can ascribe them to one generic immediate pathological causation—primary degeneration of brain plasm.

I must admit to some difficulty, in the case of General Paresis, for warrant of admission, *pure et simple*, into the class of Idiophrenic Insanity, as I find, on reference to tables of the causation of this disease, that intemperance, *coup de soleil*, and injuries to the head, are enumerated as causes of induction. Were these fully established General Paresis might be ranged under Toxic or Traumatic Insanity. I refer, however, to your clinical experience to bear me out that drinking is much more a symptom than a cause of General Paresis, that Chronic Alcoholism, Insanity from insolation or injuries to the

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head, frequently simulate this disease, and that other supposed influences, such as venereal excess, are only manifestations of the approaching malady. The tables I have consulted were framed when general paresis was newly discovered, and therefore the fashion, and it is just possible that cases were then pressed into the service which would now meet with recognition under other classes of Insanity. Time will not now permit me to discuss this question; I can only express my opinion that General Paresis is a disease of a purely idiophrenic character.

My views as to the differentiation between General Paresis and paralysis with insanity must also be reserved.

Under the head of Idiopathic sthenic or asthenic Insanity I would class all cases in which moral shock, an overworked brain, loss of sleep, or other primary causes of exhaustion of nerve tissue, serve to induce abnormal mental symptoms. I am fully aware that this sub-class is very open to attack. The *edax rerum*, however, prevents me from entering on its defence. I must again appeal to your experience for instances in which Insanity occurs solely referable to the class of causes I have mentioned.

As Epileptic Insanity is obviously either Idiophrenic or Sympathetic, I have included it in both classes.

The other sub-classes speak for themselves.

Class III.—*Sympathetic Insanity* includes sub-classes which are referable to exoteric irritation acting on the nervous centres. The pubescent and climacteric periods, pregnancy and child-birth, cannot be regarded as actual pathological conditions; nevertheless, they are the acknowledged causating influences of many abnormalities. During their progress a normal abnormality of the individual obtains, which manifests itself more or less by somatic and psychical departures from the ordinary condition.

Class IV.—*Anæmic Insanity* comprises three very important sub-classes. The first is one very common amongst the lower orders, the result of starvation and other debilitating influences.

Class V.—For the establishment of the sub-classes I must refer you to the labours of Drs. Clouston, Virchow, Van der Kolk, and Duncan.

Class VI.—*Toxic Insanity*.—The work of Saint Lager* fixes Cretinism as a sub-class of Toxic Insanity. It is open to

* Etudes sur les causes du cretinism et du Goitr endémique.

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enquiry how far other poisons than alcohol and opium are causating influences of Insanity.

Dr. Clouston has given us good reason to-day for belief in the first sub-class of the Seventh Class; Sander and Griesinger also have published some interesting cases of the same disease.* To Griesinger's and Clerici's works I must refer you for the establishment of the second; also to some illustrative cases published by Dr. Howden in the "Journal of Mental Science." That instances occur of insanity produced by the sudden healing of old wounds or other lesions, which from the length of time they have existed have become almost natural emunctories, is generally admitted.

As adjuncts to a classification such as I have proposed, the terms Mania, Melancholia, Dementia, Hypochondriasis, Dipsomania, &c., will serve most useful purposes as indicating the leading psychical symptom of each case. If to the pathological condition of the body we append the resultant mental manifestation, we will, in very terse terms, designate the nature of the disease and its general character, offer a guide to treatment, and present to the student a suggestive and tangible proposition;—such expressions as Puerperal Mania, Tubercular Delusional Dementia, Hysterical Hypochondriasis, Climacteric Melancholia, would at once represent to him the thing he has to study and treat, and help him to acquire all the sooner a knowledge of the manner in which symptoms are modified by morbid somatic influences.

No originality is claimed for this classification;—it is the result of study and consideration of the views of Morel, Van der Kolk, and Skae. It is impossible within the compass of one paper on such a wide and important subject to at once advance and defend a theory of classification. It is submitted to your criticism, in the hope that it may undergo the ordeal, unscathed in principle but amended in detail. I ask you to bear in mind that there is no endeavour to establish a relationship between one form of Insanity and another, *except through their pathology;* that being fixed, it should be our aim to *separate* them as widely as possible. In Natural History certain common conditions are accepted as the basis of classification, yet how widely parted are the groups of each great family. So with our subject,—its genera are difficult of definition, its varieties are multiform, so various and difficult are they that we wander in a circle if we attempt

* Ztschr. f. Psychiatre, 1863., p. 214.

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to distinguish them by *primâ facie* peculiarities. If, however, we (mis-called) psychologists are able to refer them to certain common causes and classify them accordingly, we will be in the proud position of claiming for our department a higher stand-point of nosology than can be asserted for any other branch of medicine.

Difficulties may, nay, will arise in the carrying out of this theory. The surmounting of difficulty will in our, as it has done in all other sciences, conduce to perfection, for its achievement necessitates an inductive course of reasoning, the very process of which will lead the mind of the student (perhaps unconsciously to himself) to a right appreciation of the nature of disease. The more difficult the proposition the more firmly is the deduction fixed on the mind of him who has thought it out; as the student of so-called mental disease argues out for himself each case, pathology will assert its influence on therapeutics.

These remarks are submitted with extreme diffidence to a body of men who for long have treated Insanity scientifically with great success on the leading principles I have adduced. But I appeal to you one and all, have you in the slightest degree obtained guidance to your knowledge of the nature of the disease through the nosologies you have found in books? Have you not each for yourself formed a system of your own, based on much broader principles than symptomatology?

As a man, earnestly intent on his subject, thinks and writes, difficulties and dangers arise to his mind adverse to the establishment of his theory; calm reflection tells him he is not wholly right, and puts more forcibly before him the strength of the objections which may be advanced by those who regard the subject from a different point of view. This is my experience—nevertheless, I do hold that the acceptance of a classification, based on pathology, will for ever hinder the renewal of that most lame and impotent conclusion that Insanity is a "disorder of the intellect."

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*Two Cases of Rheumatic Insanity.** By T. S. Clouston, M.D. Edin.

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